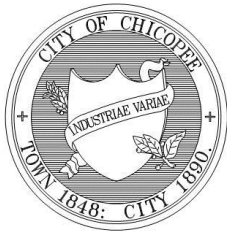


Date Received: _____

Amount Paid/Check# _____

Permit# _____

ABOVE FOR OFFICE USE ONLY



**APPLICATION TO CONDUCT A
RECREATIONAL CAMP FOR CHILDREN
2015**

Chicopee Health Department
15 Court St
Chicopee, MA 01020
(413) 594-1660

Name of **Camp** _____ Site Phone# _____

Site Address _____

Name of **Camp Owner** _____ Phone# _____

Owner Address _____

Name of **Camp Operator** _____ Phone# _____

Operator Address _____

FACILITY AND STAFF

Type of camp: Day (Operates less than 24 hours) _____ Residential (Operates 24 hours) _____

Are overnight stays anticipated? No _____ Yes _____ If yes, where? _____

Length of camp season: _____ to _____

Hours of operation: _____ A.M./P.M. to _____ A.M./P.M.

Number of sessions per season: _____

Camp capacity per *session*: _____ Number of staff supervising campers: _____

Has the camp owner or director obtained and reviewed the most current CORI/Juvenile report and SORI report of every staff person and volunteer and determined a background free from disqualification? Yes _____ No _____

Building Department inspection required

Building capacity: _____ Certificate of Occupancy Number: _____ Expiration Date: _____

Fire Department inspection required

Permit Number: _____ Expiration Date: _____

Is firearm instruction offered to campers? No _____ Yes _____ Instructor's name: _____
National Rifle Association Instructor's Card: _____ Expiration Date: _____

Is horseback riding offered to the campers? No _____ Yes _____ Instructor's name: _____
Stable location: _____

FOOD SERVICE

Is food handled, served, or prepared by camp staff?

No _____

Yes _____ Food Service Permit Number: _____ Name of Certified Food Manager: _____

Is food catered by an outside source? No _____ Yes _____ If so, by whom? _____

Is refrigeration available for perishable foods? No _____ Yes _____

MEDICAL CARE

Name of **Health Care Supervisor**: _____
Type of medical license, registration or training: _____

Name of **Physician** (Health Care Consultant) "on call": _____
Address: _____ Phone #: _____
MA Medical License type and number: _____ Expiration Date: _____

SWIMMING AREA

Does the camp have or use recreational water facilities?
None _____ Pool _____ Fresh water _____ Ocean _____ Other (explain) _____

If yes, specify location(s): _____

Swimming Pool Permit Number (If, applicable): _____

Name of **Aquatics Director**: _____
Age: _____
Life Guard Certificate: _____ Expiration Date: _____
American Red Cross CPR Certificate: _____ Expiration Date: _____
American First Aid Certificate: _____ Expiration Date: _____

WATER SUPPLY: Public _____ Private _____
If private, date sampled _____ Sampling performed by: _____
Results: _____

SEWAGE DISPOSAL: Public _____ Private _____ If private, please specify: _____

TOILETS/SHOWER ROOMS:	Male	Female
Number of toilets	_____	_____
Number of handwash basins	_____	_____
Number of showers	_____	_____

Recreational Camp Fee: \$ 100

PLEASE NOTE: THE FOLLOWING PAGE CONTAINS A LIST OF DOCUMENTS THAT MUST BE SUBMITTED ALONG WITH THE COMPLETED APPLICATION. PERMITS WILL NOT BE ISSUED UNTIL A COMPLETED APPLICATION AND ALL FORMS AND PAYMENTS ARE RECEIVED.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 430.000 of the State Sanitary Code. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF APPLICANT

DATE

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

Required Documents

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV - 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

- Staff information forms (see attached)
- Procedures for the background review of staff (105 CMR 430.090)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159(B))
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan – approved by local fire department (105 CMR 430.210(A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps – contingency plan (105 CMR 430.211)
- Primitive, Trip or Travel Camps – Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- If applying for initial license after January 1, 2000 – lab analysis of private water supply (if applicable) (105 CMR 430.300, .303)
- Buildings, structures, fixtures and facilities
- Proposed source of water supply
- Works for disposal or sewage and waste water